



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 55 Wibaux			District: 0964 Wibaux K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
6	1875	No	Fuller, Richard	2.90	_____
6	1876	No	Hartse, Karen	0.70	_____
6	1877	No	Begger, William	0.25	_____
6	1879	No	Delp, Carla	2.00	_____
6	1880	No	Domek, Jill	1.10	_____
6	1881	No	Dukart, Laura	0.50	_____
6	1882	No	Grey Eagle, Sandy & Ben	0.80	_____
6	1883	No	Kreitinger, Steve	0.75	_____
6	1884	No	Miske, Robert	0.25	_____
6	1885	No	Phipps, Charles & Mary Ann	10.50	_____
6	1886	No	Schieffer, Corey	4.00	_____
6	1887	No	Schwerts, Holly	6.50	_____
6	1889	No	Tousignant, Lisa	2.40	_____
6	2347	No	Qualley, Lorena	9.25	_____